

# THE COLLEGIAN

## EMPLOYMENT APPLICATION

Date \_\_\_\_\_

APPLICANT INFORMATION - PLEASE PRINT			
Last Name	First	M.I.	D.O.B.
Street Address		Apartment Number	
City	State	Zip	
Home Phone	Cell Phone		
Email Address			
Colleague Student ID	Number of TCC hours for semester you are applying for?		
Position Applying For		Date Available	
Semester Applying For <input type="checkbox"/> Fall <input type="checkbox"/> Spring			
Home Campus <input type="checkbox"/> Connect <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> South <input type="checkbox"/> SE <input type="checkbox"/> TR			

EDUCATION			
High School	Address		
Type of Diploma/Certificate Earned	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED Certificate	
College	Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major

REFERENCES	
Please list three professional or personal references that we may contact	
Full Name	Relationship to you
Company	Phone Number
Full Name	Relationship to you
Company	Phone Number
Full Name	Relationship to you
Company	Phone Number

PREVIOUS EMPLOYMENT (Three most recent)	
Company	Phone
Job Title	Supervisor
Responsibilities	
From                      To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company	Phone
Job Title	Supervisor
Responsibilities	
From                      To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company	Phone
Job Title	Supervisor
Responsibilities	
From                      To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPUTER EXPERIENCE
Can you type? <input type="checkbox"/> YES <input type="checkbox"/> NO      Check the computer platform you feel you are most familiar with <input type="checkbox"/> MAC <input type="checkbox"/> PC
Check software you are familiar with
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> InDesign <input type="checkbox"/> Illustrator <input type="checkbox"/> Photoshop <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Google Docs

DAYS AND HOURS AVAILABLE TO WORK							
Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours							

Submit student worker application with current class schedule and paid enrollment fee receipt.

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge.
I understand that any representation, falsification or omission of information on the employment application can result in refusal to hire and constitute grounds for immediate termination. I authorize the College to verify employment information I provided in the employment application.
Signature <span style="float: right;">Date</span>